

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

CONFIDENTIAL

RA-4-670

63-049157

STATE FILE NUMBER

Registration District No. 310

Primary Registration District No. 3058

Registrar's No. 1982

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

0928

0928

3

0

1

6

0

1

1538

10

11

1-0

5-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

FILED DEC 31 1963

1. PLACE OF DEATH

a. COUNTY

St. Charles

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN

St. Charles

Length of stay in 1b

4 1/2 Mo.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

St. Joseph Hosp

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri

b. COUNTY St. Charles

c. CITY

OR

TOWN

St. Charles

Inside Limits

Yes ☒ No ☐

d. STREET

ADDRESS

(If outside, give location)

2106 No. Main

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First

Middle

Last

Lester

G

Sweazey

4. DATE

OF

DEATH

Month

Day

Year

Dec

23

1963

5. SEX

M

6. COLOR OR RACE

W

7. Married

Never Married ☐

Widowed ☐

Divorced ☐

8. DATE OF BIRTH

Sept 21 '89

9. AGE (last birthday)

74

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Blacksmith

10b. KIND OF BUSINESS OR INDUSTRY

Mfg.

11. BIRTHPLACE (City and state or country)

Montgomery Co. Mo.

12. CITIZEN OF WHAT COUNTRY

U S A

13a. FATHER'S NAME

Jack Sweazey

13b. MOTHER'S MAIDEN NAME

Mary Butler

14. NAME OF HUSBAND OR WIFE

Myrtle Williams Sweazey

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

Yes

W W I

16. SOCIAL SECURITY NO.

17. INFORMANT

Nellie Pollard, St. Charles, Mo.

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Carcinoma of colon

INTERVAL BETWEEN ONSET AND DEATH

Unknown

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Arteriosclerotic heart disease, Emphysema

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☒ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Aug. 1963 to 12-23-63 and last saw him alive on 12-23-63
Death occurred at 10:52 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

114 N. Main, St. Charles Mo

22c. DATE SIGNED

12-24-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

Dec 26 '63

23c. NAME OF CEMETERY OR CREMATORY

OAK GROVE CEMETERY

23d. LOCATION (City, town, or county)

ST. CHARLES MISSOURI

24. FUNERAL DIRECTOR

ADDRESS

PRINSTER-BAUE INC. ST. CHARLES MO

25. DATE RECD. BY LOCAL REG.

Dec 26-1963

26. REGISTRAR'S SIGNATURE

Mabel Zamwalt Dep

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

53174-1009

JAN 10 1964

JAN 13 1964

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Frederic W. Bane

Licensed Embalmer No. 4607

P. O. Address St. Charles, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.